



DEBRA BOWEN | SECRETARY OF STATE
STATE OF CALIFORNIA | ELECTIONS

1500 11th Street, 5th Floor | Sacramento, CA 95814 | Tel (916) 657-2166 | Fax (916) 653-3214 | www.sos.ca.gov

September 18, 2007

VIA EMAIL

RESPONSE REQUESTED BY SEPTEMBER 24, 2007

To: All County Clerks/Registrars of Voters (07143)

FROM: Irene E. Capps
NVRA PROGRAM MANAGER

Subject: **REQUEST FOR MONTHLY VOTER REGISTRATION INFORMATION**

Please indicate the number of voter registrations you received from **NON-DMV NVRA COVERED AGENCY OFFICES*** in your county during the month of
AUGUST 2007:

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*This includes applications for new or renewals from various social services agencies, including food stamps, AFDC, IHSS, MediCal, and Women and Infant Children programs (WIC), welfare services, rehabilitation and those serving the disabled population, Independent Living Centers, military recruitment, Franchise Tax Board, Board of Equalization, Social Security, and Department of Mental Health. **If the agency receives its voter registration applications from the Secretary of State's office, you must obtain the serial numbers of those cards from them for reporting purposes.**

NAME OF COUNTY: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

If you have any questions, please feel free to contact me at (916) 657-2166. Please email your response to me at irene.capps@sos.ca.gov or FAX your completed form to me at (916) 653-3214. Thank you!